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OFFICE OF STATE FIRE MARSHAL

Please Print

APPLICATION FOR FIRE PROTECTION PLAN REVIEW - **BUILDING**

Sussex County

Delaware Fire Service Center

22705 Park Avenue

Georgetown, DE 19947

302-856-5298/Fax 302-856-5800

Kent County

Delaware Fire Service Center

1537 Chestnut Grove Road

Dover, DE 19904-9610

302-739-4394/Fax 302-739-3696

New Castle County

Delaware Fire Service Center

2307 MacArthur Road

New Castle, DE 19720-2426

302-323-5365/Fax 302-323-5366

1. Project Name: _____
(Complex, Store # or Specific Complex Identifier)

Location/Address: _____

City: _____ Zip Code: _____ County (NC, K, S): _____ Number of Stories: _____

Tax Parcel Number: _____ Square Footage: Existing: _____ Proposed: _____ Is Building to be sprinklered? Y / N
If yes, provide preliminary sprinkler form

2. Project Description: ☐ New ☐ Addition ☐ Renovation ☐ Tenant ☐ Other _____

This building will be utilized for: _____

3. Fee Calculation: Building Construction Cost: _____ Fee: _____ Check #: _____
Exempt Status: State County Federal DSHA Fire Company/Amb Municipality No Impact
(Check or Money Order made payable to the "State of Delaware") NO CASH ACCEPTED Deposit/Return Date: _____

4. Applicant Phone: _____
*Signature required in Item #8
Fax: _____
Applicant's Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

5. Engineer/Architect Phone: _____
Fax: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

6. Owner Phone: _____
Fax: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

7. Contractor/Installer Phone: _____
Fax: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

8. Applicant Signature: _____ Date: _____

Any approval of the submitted project documents does not relieve the owner, designer, contractor, or designated representative from their responsibility to comply with applicable provisions of the Delaware State Fire Prevention Regulation.

A PLAN ASSESSMENT WAS CONDUCTED INDICATING THE DELAWARE STATE FIRE PREVENTION REGULATIONS HAVE *NO IMPACT* OR *MINIMAL IMPACT* ON THIS PROJECT. NO FURTHER ACTION IS REQUIRED BY THE STATE FIRE MARSHALS OFFICE. *ISSUE CERTIFICATE OF OCCUPANCY AT YOUR DISCRETION.*

DOC. No. 75-01-02-07-02

F:\Technical Services Dover\Plan Review\Statewide\Applications\new building app

STATE FIRE PROTECTION SPECIALIST

DATE

I.D. # _____

Plan Review # _____